| Schedule E) | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Workers' Voice | |
| | C C00484287 |
| Check if 24-hour report X 48-hour report New report X Amends report filed or | n 10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION | Date of Public Distribution/Dissemination |
| Mailing Address 100 Indiana Avenue, N.W. | 10 10 2014 |
| | Amount |
| City State Zip Code | 199.73 |
| | Fransaction ID : D548302 Date of Disbursement or Obligation |
| Purpose of Expenditure InKind Staff Category/ Type 001 | 10 10 / 2014 2014 |
| Name of Federal Candidate Support Office S | Sought: House District: 00 |
| ALISON LUNDERGAN GRIMES Oppose P | President State: KY |
| Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | ement For: |
| Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION | Date of Public Distribution/Dissemination |
| | 10 10 2014 |
| Mailing Address 100 Indiana Avenue, N.W. | Amount |
| City State Zip Code | 1965.37 |
| | ransaction ID: D548304 Date of Disbursement or Obligation |
| Purpose of Expenditure InKind Staff Category/ Type 001 | 10 / D D / Y Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| Name of Federal Candidate Support Office S | Sought: House District: 00 |
| MARK BEGICH | President State: AK |
| Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | ement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 2165.10 |
| (a) SSSTOTAL OF REINIZED MUCPERIORI EXPENDITURES | 2103.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Elizabeth H Shuler [Electronically Filed] Date 10 | 30 2014 |
| Signature | |

| Schedule E) | VI EXI END | TIONES | | PAGE 2 OF 15 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|-----------------------------------|--------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Workers' Voice | | | C | C00484287 |
| Check if 24-hour report X 48-hour report | New rep | port X Amends repo | rt filed on 10 | 12 / 2014 |
| Full Name of Payee COMMITTEE ON LETTER CARRIEF | RS POLITICA | AL EDUCATION | Date of Public | Distribution/Dissemination |
| Mailing Address 100 Indiana Avenue, N.W. | | | Amount | |
| City | State | Zip Code | | 199.73 |
| Washington | DC | 20001 | Transaction I Date of Disbu | |
| Purpose of Expenditure InKind Staff | | Category/ Type 001 | 10 | 10 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| MITCH MCCONNELL | | X Oppose | | Senate State: KY |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 1 7 | 52800.08 | Disbursement For: 2014 Other (sp. | Primary X General ecify) ▶ |
| Full Name of Payee AKPD Message & Media LLC | _ | | Date of Public | Distribution/Dissemination |
| Mailing Address 730 North Franklin Street, #404 | | | 10 | 15 2014 |
| | | | Amount | |
| City | State | Zip Code | | 50000.00 |
| Chicago | IL | 60654 | Transaction ID Date of Disbu | D: D547914 ursement or Obligation |
| Purpose of Expenditure Radio Ad | | Category/ Type 004 | 10 | 10 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| DAN SULLIVAN | | Oppose | | Senate State: AK |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 184157.95 | Disbursement For: 2014 Other (sp | Primary X General ecify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditure | 'es | | | 50199.73 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | | |
| ,, | | | 7 | 4 4 |
| (c) TOTAL Independent Expenditures | | | • | 474 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorized | | | |
| Ms. Elizabeth H Shuler Signature | [Electron | nically Filed] Date | 10 30 | 2014 |
| Signature | | | | |

| Schedule E) | . INDELENDENT EXICEN | 511 G112 G | | PAGE 3 OF 15 FOR SE OF FORM 24/48 |
|--|--|-----------------------|----------------------------------|--------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Workers' Voice | | | C | C00484287 |
| Check if 24-hour report | 48-hour report New re | report X Amends repo | rt filed on 10 | 12 / 2014 |
| Full Name of Payee AKPD Message & N | Лedia LLC | | м - м | c Distribution/Dissemination |
| Mailing Address 730 North F | ranklin Street, #404 | | Amount | 15 2014 |
| City | State | Zip Code | | 50000.00 |
| Chicago | IL | 60654 | Transaction I Date of Disbu | |
| Purpose of Expenditure Radio Ad | | Category/ Type 004 | 10 | 10 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| MARK BEGICH | | Oppose | | Senate State: AK |
| Calendar Year-To-Date Per Election for Office S | ought | 184157.95 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee AKPD Message & Me Mailing Address 730 North | edia LLC Franklin Street, #404 | | Date of Publi | c Distribution/Dissemination |
| City | State | Zip Code | | 25000.00 |
| Chicago | IL | 60654 | Transaction II Date of Disbu | D: D547916 ursement or Obligation |
| Purpose of Expenditure Radio Ad | | Category/ Type 004 | 10 N | 10 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| DAN SULLIVAN | | X Oppose | President | Senate State: AK |
| Calendar Year-To-Date Per Election for Office S | Sought | 184157.95 | Disbursement For: 2014 Other (sp | Primary ⊠ General |
| (a) SUBTOTAL of Itemized In | dependent Expenditures | |) | 75000.00 |
| (b) SUBTOTAL of Unitemized | Independent Expenditures | | > | |
| (c) TOTAL Independent Exper | nditures | | • | |
| | tify that the independent expenditure gestion of, any candidate or authorize party committee or its agent. | | | |
| Ms. Elizabeth H Sh | | ronically Filed] Date | 10 30 | 2014 |
| Signature | | | | |

| Schedule E) | PAGE 4 OF 15 FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Workers' Voice | C C00484287 |
| Check if 24-hour report X 48-hour report New report X Amends report f | filed on 10 12 2014 |
| Full Name of Payee AKPD Message & Media LLC | Date of Public Distribution/Dissemination |
| Mailing Address 730 North Franklin Street, #404 | 10 15 2014 Amount |
| City State Zip Code | 25000.00 |
| Chicago IL 60654 | Transaction ID : D547917 Date of Disbursement or Obligation |
| Purpose of Expenditure Radio Ad Category/ Type 004 | 10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support O | office Sought: House District: 00 |
| MARK BEGICH Oppose | President Senate State: AK |
| Galoridai Todi To Bato | on isbursement For: Primary General O14 Other (specify) ▶ |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| AKPD Message & Media LLC | 10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 730 North Franklin Street, #404 | Amount |
| City State Zip Code | 1011.04 |
| Chicago IL 60654 | Transaction ID : D558285 Date of Disbursement or Obligation |
| Purpose of Expenditure Radio Ad Expenses Category/ Type 004 | 10 / 10 / 2014 |
| Name of Federal Candidate Support C | Office Sought: House District: 00 |
| DAN SULLIVAN Oppose | President Senate State: AK |
| | Disbursement For: Primary |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 26011.04 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent. | |
| Ms. Elizabeth H Shuler [Electronically Filed] Date | 10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

| Schedule E) | LNDENT EXTEND | TOTILO | | PAGE 5 OF 15 FOR SE OF FORM 24/48 |
|---|----------------------------|-----------------------|----------------------------------|--------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Workers' Voice | | | C | C00484287 |
| Check if 24-hour report X 48-hour r | eport New repo | ort X Amends repo | rt filed on 10 | 12 / 2014 |
| Full Name of Payee AKPD Message & Media LL | С | | M = M / | Distribution/Dissemination |
| Mailing Address 730 North Franklin Stree | t, #404 | | Amount | 17 2014 |
| City | State | Zip Code | | 1011.04 |
| Chicago | IL | 60654 | Transaction I Date of Disbu | |
| Purpose of Expenditure Radio Ad Expenses | | Category/ Type 004 | 10 | 10 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| MARK BEGICH | | Oppose | | Senate State: AK |
| Calendar Year-To-Date Per Election for Office Sought | , 1 | 84157.95 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee Voices of the Amer. Federatio | n of Gov't Employee | es | Date of Public | C Distribution/Dissemination |
| Mailing Address 80 F Street, NW | | | 10 Amount | 10 2014 |
| City | State | Zip Code | | 352.48 |
| Washington | DC | 20001 | Transaction ID Date of Disbu | |
| Purpose of Expenditure InKind Staff | | Category/ Type 001 | 10 | 10 / 2014 |
| Name of Federal Candidate | | X Support | Office Sought: | House District: 00 |
| MARK BEGICH | | Oppose | President > | Senate State: AK |
| Calendar Year-To-Date Per Election for Office Sought | , , | 184157.95 | Disbursement For: 2014 Other (sp | Primary |
| (a) SUBTOTAL of Itemized Independent E | Expenditures | | · | 1363.52 |
| (b) SUBTOTAL of Unitemized Independen | nt Expenditures | | • | |
| (c) TOTAL Independent Expenditures | | | > | 7 7 |
| Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm | ny candidate or authorized | | | |
| Ms. Elizabeth H Shuler Signature | [Electroni | ically Filed] Date | 10 / 30 | 2014 |

| Schedule E) | TI EXI END | 1101120 | | PAGE 6 OF 15 FOR SE OF FORM 24/48 |
|---|--------------------|-----------------------|-----------------------|---|
| NAME OF COMMITTEE (In Full) | | | F | FEC IDENTIFICATION NUMBER ▼ |
| Workers' Voice | | | | C C00484287 |
| Check if 24-hour report X 48-hour report | New rep | port X Amends repo | ort filed on | |
| Full Name of Payee AFL-CIO | | | | Public Distribution/Dissemination |
| Mailing Address 815 - 16th Street, NW | | | | 0 10 2014 |
| | | | | |
| City | State | Zip Code | | 8.17 |
| Washington | DC | 20006 | | ction ID : D548315 Disbursement or Obligation |
| Purpose of Expenditure Walk Packets | | Category/ Type 004 | | 10 10 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| GARY PETERS | | Oppose | Presider | NAI NAI |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 80867.95 | Disbursement 2014 Oth | For: |
| Full Name of Payee | | | | f Public Distribution/Dissemination |
| AFL-CIO | | | M | M / D D / Y Y Y Y |
| Mailing Address 815 - 16th Street NW | | | | 10 10 2014 |
| 815 - 16th Street, NW | | | Amoun | t |
| City | State | Zip Code | | 8.17 |
| Washington | DC | 20006 | | tion ID : D548321 f Disbursement or Obligation |
| Purpose of Expenditure Walk Packets | | Category/ Type 004 | | 10 / 10 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| TERRI LYNN LAND | | X Oppose | Presider | nt Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 80867.95 | Disbursement 2014 Oth | For: |
| • | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | ·· > | 16.34 |
| (b) SUBTOTAL of Unitemized Independent Expendent | litures | | · • | 4 4 |
| (c) TOTAL Independent Expenditures | | | > | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its | date or authorized | | | |
| Ms. Elizabeth H Shuler | [Electror | nically Filed] Date | e 10 | 30 / 2014 |
| Signature | | | | |

| Schedule E) | LIVI EXI LIVI | SHORLS | | PAGE 7 OF 15 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|----------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Workers' Voice | | | C | C00484287 |
| Check if 24-hour report X 48-hour report | New re | eport X Amends repo | ort filed on 10 | 12 2014 |
| Full Name of Payee | | | Date of Public | c Distribution/Dissemination |
| AFL-CIO | | | 10 | 10 / 2014 |
| Mailing Address 815 - 16th Street, NW | | | Amount | |
| City | State | Zip Code | | 7.16 |
| Washington | DC | 20006 | Transaction Date of Disbu | |
| Purpose of Expenditure Walk Packets | | Category/ Type 004 | 10 | 10 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| ALISON LUNDERGAN GRIMES | | Oppose | President | Senate State: KY |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 52800.08 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee | | | Date of Publi | c Distribution/Dissemination |
| AFL-CIO | | | 10 | 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 815 - 16th Street, NW | | | Amount | |
| City | State | Zip Code | | 30.43 |
| Washington | DC | 20006 | Transaction II Date of Disbu | D: D548327 ursement or Obligation |
| Purpose of Expenditure Walk Packets | | Category/ Type 004 | 10 10 | 10 2014 |
| Name of Federal Candidate | | X Support | Office Sought: | House District: 00 |
| MARK BEGICH | | Oppose | President | Senate State: AK |
| Calendar Year-To-Date Per Election for Office Sought | | 184157.95 | Disbursement For: 2014 Other (sp | Primary X General Decify) ► |
| (a) SUBTOTAL of Itemized Independent Expendent | litures | | | 37.59 |
| | | | | 4 |
| (b) SUBTOTAL of Unitemized Independent Expenses | enditures | | • • | 7 |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or | didate or authorize | | | |
| Ms. Elizabeth H Shuler Signature | [Electro | onically Filed] Date | 10 / 30 | 2014 |
| Signaturo | | | | |

| Schedule E) | | JENT EXI END | II OILO | | PAGE 8 OF 15 FOR SE OF FORM 24/48 |
|----------------------------------|---------------------------------|------------------------|-----------------------|--------------------------|--|
| NAME OF COMMITT | | | | F | EC IDENTIFICATION NUMBER ▼ |
| Workers' Voice | е | | | | C C00484287 |
| Check if 24-hour | r report X 48-hour repor | t New rep | port X Amends repo | ort filed on 10 | |
| Full Name of Pay AFL-CIO | ree | | | Date of | Public Distribution/Dissemination |
| Mailing Address | 815 - 16th Street, NW | | | | 0 10 2014 |
| | | | | , 11104 | |
| City | | State | Zip Code | | 7.16 |
| Washington | | DC | 20006 | | ction ID: D548328 Disbursement or Obligation |
| Purpose of Exper Walk Packets | nditure | | Category/ Type 004 | М | |
| Name of Federal | Candidate | | Support | Office Sought: | House District:00 |
| MITCH MCCONN | NELL | | Oppose | Presiden | |
| Calendar Yea Per Election | ar-To-Date for Office Sought | | 52800.08 | Disbursement 2014 Oth | For: |
| Full Name of Pay | /ee | | | Date of | Public Distribution/Dissemination |
| AFL-CIO | | | | | 0 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | 815 - 16th Street, NW | | | | 0 10 2011 |
| | | | | Amount | <u> </u> |
| City | | State | Zip Code | | 8.42 |
| Washington | | DC | 20006 | | tion ID : D548329 Disbursement or Obligation |
| Purpose of Expe Walk Packets | nditure | | Category/ Type 004 | | 0 10 2014 |
| Name of Federal | Candidate | | X Support | Office Sought: | House District: 00 |
| MARK E UDALL | | | Oppose | Presider | nt Senate State: CO |
| Calendar Ye Per Election | ar-To-Date for Office Sought | | 31586.82 | Disbursement 2014 Oth | For: Primary X General er (specify) ▶ |
| _ | | | | | |
| (a) SUBTOTAL of | Itemized Independent Exper | nditures | | · • | 15.58 |
| (b) SUBTOTAL of | Unitemized Independent Ex | penditures | | · • | 7 1 7 1 7 |
| (c) TOTAL Indepe | endent Expenditures | | | ·· • | 77 |
| with, or at the requ | | andidate or authorized | | | operation, consultation, or concert e reporting entity is not a political |
| Ms. E | lizabeth H Shuler | [Electron | nically Filed] Date | | 30 / 2014 |
| Signature | | | _ | | |

| Schedule E) | OHLO | PAGE 9 OF 15 FOR SE OF FORM 24/48 |
|---|--|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Workers' Voice | | C C00484287 |
| Check if 24-hour report X 48-hour report New report | Amends report file | d on 10 12 2014 |
| Full Name of Payee AFT Solidarity 527 | | Date of Public Distribution/Dissemination |
| Mailing Address 555 New Jersey Ave. N.W. | | 10 10 2014 Amount |
| City State Zip | p Code | 140.00 |
| | 0001 | Transaction ID : D548335 Date of Disbursement or Obligation |
| Purpose of Expenditure InKind Staff | Category/ Type 001 | 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office | ce Sought: House District: 00 |
| MARK BEGICH | Oppose | President State: AK |
| Calendar Year-To-Date Per Election for Office Sought | 157.95 Disk 2014 | oursement For: |
| Full Name of Payee COMMUNICATIONS WORKERS OF AMERICA WO | ORKING VOICES | Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 501 3RD STREET, NW | | Amount |
| City State Zi | p Code | 225.25 |
| ° | 20001 | Transaction ID : D548337 Date of Disbursement or Obligation |
| Purpose of Expenditure InKind Staff | Category/ Type 001 | 10 / 2014 |
| Name of Federal Candidate | X Support Office | ce Sought: House District: 00 |
| MARK BEGICH | Oppose | President Senate State: AK |
| Calendar Year-To-Date Per Election for Office Sought | 184157.95 Disl 201 | oursement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | ····· | 365.25 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ····· | |
| (c) TOTAL Independent Expenditures | ······································ | |
| Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent. | | |
| Ms. Elizabeth H Shuler [Electronical Signature | lly Filed] Date | 10 30 / 2014 |

| Schedule E) | | | | PAGE 10 OF 15 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|-----------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FE | C IDENTIFICATION NUMBER ▼ |
| Workers' Voice | | | C | C00484287 |
| Check if 24-hour report X 48-hour report | New repo | ort X Amends repo | rt filed on 10 | 12 2014 |
| Full Name of Payee UFCW Int'l Union Working Families | Advocacy | Project | M | |
| Mailing Address 1775 K Street, NW | | | Amount | 10 2014 |
| City | State | Zip Code | | 78.68 |
| Washington | DC | 20006-1598 | | ion ID : D548338 Disbursement or Obligation |
| Purpose of Expenditure InKind Staff | | Category/ Type 001 | 10 | M / D D / Y Y Y |
| Name of Federal Candidate | | X Support | Office Sought: | House District: 00 |
| GARY PETERS | | Oppose | President | Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought | | 80867.95 | Disbursement For 2014 Other | or: Primary ⊠ General r (specify) ▶ |
| UFCW Int'l Union Working Families AdMailing Address 1775 K Street, NW | dvocacy Pro | oject | M 10 | |
| City | State | Zip Code | | 100.38 |
| Washington | DC | 20006-1598 | | on ID : D548341 Disbursement or Obligation |
| Purpose of Expenditure InKind Staff | | Category/ Type 001 | 10 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| MITCH MCCONNELL | | Oppose | President | Senate State: KY |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 52800.08 | Disbursement Fe 2014 Othe | or: |
| (a) SUBTOTAL of Itemized Independent Expenditure |)S | | > | 179.06 |
| (b) SUBTOTAL of Unitemized Independent Expendit | ures | | · | 7 |
| (c) TOTAL Independent Expenditures | | | · | 7 1 7 1 7 1 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | ate or authorized | | | |
| Ms. Elizabeth H Shuler | [Electron | nically Filed] Date | | 30 2014 |
| Signature | | | | |

| Schedule E) | ENDENT EXICIO | TTOTILO | PAGE 11 OF 15 FOR SE OF FORM 24/48 |
|---|----------------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Workers' Voice | | | C C00484287 |
| Check if 24-hour report X 48-hour | report New rep | ort X Amends repo | rt filed on 10 12 2014 |
| Full Name of Payee UFCW Int'l Union Working F | Families Advocacy | Project | Date of Public Distribution/Dissemination |
| Mailing Address 1775 K Street, NW | | | Amount |
| City | State | Zip Code | 100.38 |
| Washington | DC | 20006-1598 | Transaction ID : D548346 Date of Disbursement or Obligation |
| Purpose of Expenditure InKind Staff | | Category/ Type 001 | 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| ALISON LUNDERGAN GRIMES | | Oppose | President Senate State: KY |
| Calendar Year-To-Date Per Election for Office Sought | , | 52800.08 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee UFCW Int'l Union Working Fa | milies Advocacy Pro | oject | Date of Public Distribution/Dissemination |
| Mailing Address 1775 K Street, NW | | | 10 10 2014 Amount |
| City | State | Zip Code | 78.68 |
| Washington | DC | 20006-1598 | Transaction ID : D548347 Date of Disbursement or Obligation |
| Purpose of Expenditure InKind Staff | | Category/ Type 001 | 10 10 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| TERRI LYNN LAND | | Oppose | President Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought | | 80867.95 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent | Expenditures | | 179.06 |
| (b) SUBTOTAL of Unitemized Independent | nt Expenditures | | · • |
| (c) TOTAL Independent Expenditures | | | • |
| | ny candidate or authorized | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Elizabeth H Shuler Signature | [Electron | nically Filed] Date | 10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |

| Schedule E) | PAGE 12 OF 15 FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Workers' Voice | C C00484287 |
| Check if 24-hour report X 48-hour report New report X Amends report filed | d on 10 12 2014 |
| Full Name of Payee AFT Michigan General Fund | Date of Public Distribution/Dissemination |
| Mailing Address 2342 Industrial St. | 10 10 2014 Amount |
| City State Zip Code | 35.98 |
| Grayling MI 49738 | Transaction ID : D548356 Date of Disbursement or Obligation |
| Purpose of Expenditure InKind Staff Category/ Type 001 | 10 10 / 2014 |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| TERRI LYNN LAND Oppose | President Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought Disb. 2014 | ursement For: |
| Full Name of Payee AFT Michigan General Fund | Date of Public Distribution/Dissemination |
| Mailing Address 2342 Industrial St. | 10 10 2014 |
| | Amount |
| City State Zip Code | 35.98 |
| Grayling MI 49738 | Transaction ID : D548357 Date of Disbursement or Obligation |
| Purpose of Expenditure InKind Staff Category/ Type 001 | 10 / 10 / 2014 |
| Name of Federal Candidate Support Office | ee Sought: House District: 00 |
| GARY PETERS Oppose | President State: MI State: |
| Calendar Year-To-Date Per Election for Office Sought Disb 2014 | oursement For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 71.96 |
| (b) CURTOTAL of Unitermized Independent Europeditures | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 1 4 1 4 1 4 |
| (c) TOTAL Independent Expenditures | 7 7 7 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Ms. Elizabeth H Shuler [Electronically Filed] Date | 10 30 7 2014 |
| Orginatalo | |

| Schedule E) | | | TOTILO | | PAGE 13 OF 15 FOR SE OF FORM 24/48 | | |
|---|--------------------------------------|-----------------------|--|----------------------|---|--|--|
| NAME OF COMMI | | | | | FEC IDENTIFICATION NUMBER ▼ | | |
| Workers' Voi | ce | | | | C C00484287 | | |
| Check if 24-ho | our report X 48-hour | report New repo | ort X Amends repo | ort filed on | 10 12 2014 | | |
| Full Name of P Retail, Wh | | . Store Union Int'l T | reasury Accour | nt 🔣 | of Public Distribution/Dissemination | | |
| Mailing Address | 30 E29th St. | | | Amour | | | |
| City | | State | Zip Code | $-\Gamma$ | 32.16 | | |
| New York | NY 10016 | | | | Transaction ID : D548362 Date of Disbursement or Obligation | | |
| Purpose of Exp InKind Staff | penditure | | Category/ Type 001 | | 10 10 / 2014 | | |
| Name of Feder | al Candidate | | Support | Office Sought | : House District: 00 | | |
| TERRI LYNN L | AND | | X Oppose | Preside | | | |
| | /ear-To-Date on for Office Sought | | 80867.95 | Disbursement 2014 Ot | t For: Primary | | |
| Full Name of F Retail, Who Mailing Address | olesale and Dept. S | | of Public Distribution/Dissemination 10 10 2014 | | | | |
| City | | State | Zip Code | | 32.16 | | |
| New York | | NY | 10016 | | Transaction ID : D548363 Date of Disbursement or Obligation | | |
| Purpose of Exp InKind Staff | penditure | | Category/ Type 001 | | 10 / 10 / 2014 | | |
| Name of Feder | ral Candidate | | X Support | Office Sough | t: House District: 00 | | |
| GARY PETERS | S | | Oppose | Preside | ent Senate State: MI | | |
| | Year-To-Date on for Office Sought | | 80867.95 | Disbursement 2014 Of | t For: Primary X General ther (specify) ▶ | | |
| (a) SUBTOTAL | of Itemized Independent | Expenditures | | | 64.32 | | |
| (b) SUBTOTAL | of Unitemized Independe | nt Expenditures | | • | 7 7 7 | | |
| (c) TOTAL Inde | pendent Expenditures | | | • | 7 | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | | |
| | Elizabeth H Shuler | [Electroni | <i>[cally Filed]</i> Date | 10 | 30 2014 | | |
| Signature | | | | | | | |

| Sche | edule E) | HOENT EXICION | TOTILO | | PAGE 14 OF 15 FOR SE OF FORM 24/48 | | |
|-------|---|---------------------------|---|-----------------------|---|--|--|
| | OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ | | |
| VVO | rkers' Voice | | | | C C00484287 | | |
| Check | c if 24-hour report X 48-hour re | port New repo | ort X Amends repo | ort filed on | 10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Fi | ull Name of Payee Rocky Mountain Voter Outre | | Date of Public Distribution/Dissemination | | | | |
| М | lailing Address 899 Logan Street, Suite 3 | 00 | | Amour | 10 10 2014 | | |
| С | ity | State | Zip Code | | 646.40 | | |
| | Denver | CO | 80203 | | action ID : D548364 of Disbursement or Obligation | | |
| | urpose of Expenditure Canvassers | | Category/ Type 001 | M | 10 10 / 2014 | | |
| N | ame of Federal Candidate | | Support | Office Sough | t: House District:00 | | |
| N | ARK E UDALL | | Oppose | Preside | ent Senate State: CO | | |
| | Calendar Year-To-Date Per Election for Office Sought | | 31586.82 | Disbursement 2014 Of | t For: Primary X General | | |
| | ull Name of Payee Great Lakes Regional Organizing failing Address 8770 Bryn Mawr Ave, # | | Date of Public Distribution/Dissemination 10 10 Amount | | | | |
| | ity | State | Zip Code | | 33.29 | | |
| (| hicago IL 60631 | | | | Transaction ID : D548371 Date of Disbursement or Obligation | | |
| | urpose of Expenditure nKind Staff | | | | 10 10 2014 | | |
| N | lame of Federal Candidate | | Support | Office Sough | t: House District: 00 | | |
| L | ERRI LYNN LAND | | X Oppose | Preside | | | |
| | Calendar Year-To-Date Per Election for Office Sought | | 80867.95 | Disbursemen 2014 O | t For: | | |
| (a) | SUBTOTAL of Itemized Independent Ex | rpenditures | | | 679.69 | | |
| (b) | SUBTOTAL of Unitemized Independent | Expenditures | | · • | | | |
| (c) | TOTAL Independent Expenditures | | | | 7 1 7 1 7 | | |
| witl | der penalty of perjury I certify that the i h, or at the request or suggestion of, an rty committee) any political party commit | y candidate or authorized | | | | | |
| | Ms. Elizabeth H Shuler | [Electron | ically Filed] Date | e 10 | 30 / 2014 | | |
| | Signature | | | | | | |

| ochedale E) | | FOR SE OF FORM 24/48 | | | | | |
|---|---|--|--|--|--|--|--|
| NAME OF COM | | FEC IDENTIFICATION NUMBER ▼ | | | | | |
| Workers' V | DICE | C C00484287 | | | | | |
| Check if 24 | nour report X 48-hour report New report X Amends report filed on | 10 12 2014 | | | | | |
| Full Name of | Payee Date Program Organizing Committee / U.I.N.A. Committee Transcript | e of Public Distribution/Dissemination | | | | | |
| Great Lak | es Regional Organizing Committee/LIUNA General Treasury | 10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | |
| Mailing Addre | SS 8770 Bryn Mawr Ave, #1212 | ount | | | | | |
| City | State Zip Code | 33.29 | | | | | |
| Chicago | | nsaction ID : D548372 e of Disbursement or Obligation | | | | | |
| Purpose of E InKind Staff | | 10 10 2014 | | | | | |
| Name of Fed | eral Candidate Support Office Sou | ght: House District: 00 | | | | | |
| GARY PETE | | sident X Senate State: MI | | | | | |
| | Year-To-Date Disbursem 2014 | ent For: Primary ⊠ General Other (specify) ▶ | | | | | |
| Full Name o | Payee Dat | te of Public Distribution/Dissemination | | | | | |
| Mailing Addr | | ount | | | | | |
| City | State Zip Code | | | | | | |
| | | te of Disbursement or Obligation | | | | | |
| Purpose of E | | M = M / D = D / Y = Y = Y | | | | | |
| Name of Fed | eral Candidate Support Office Sou | ight: House District: | | | | | |
| | Oppose Pres | sident Senate State: | | | | | |
| | Year-To-Date Disbursem | , , | | | | | |
| | | Other (specify) - | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | | | | |
| (c) TOTAL In | ependent Expenditures | 156381.53 | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | | |
| | s. Elizabeth H Shuler [Electronically Filed] Date 10 | 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | |
| Signature | | | | | | | |

PAGE 15

OF

15